

N. B.—Every item of information should be carefully supplied. AGE stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 17 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship Ferguson TownCity CarsonvilleRegistration District No. 383Primary Registration District No. 4468No. Carson Road & Evans aveFile No. 26225Registered No. 157

St. _____ Ward)

2. FULL NAME

(a) Residence No. John Stara

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Bertha Stara</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 1861</u>		
7. AGE <u>72</u>	YEARS <u>10</u>	MONTHS <u>0</u>
		DAYS <u>0</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carriage</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>woodworker</u>
	10. Date deceased last worked at this occupation (month and year) <u>unemployed</u>
	11. Total time (years) spent in this occupation <u>unemployed</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
--

13. NAME <u>Antonia Stara</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>
--

15. MAIDEN NAME <u>Unknown</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>
--

17. INFORMANT (ADDRESS) <u>Mrs. Bertha Stara Carson Road & Evans ave</u>

18. (BURIAL) CREMATION, OR REMOVAL <u>St. Peters</u>

19. UNDERTAKER (ADDRESS) <u>L. B. T. and son 2107 1/2 actual bridge Rd</u>

20. FILED <u>July 17 1934</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-193422. I HEREBY CERTIFY, That I attended deceased from 7-15-1934 to 7-15-1934I last saw him alive on 7-15-1934 Death is saidto have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

apoplexy (cerebral)Walmarrage

Other contributory causes of importance

Chronic nephritis, 1928Arteriosclerosis, 1928Cerebral adenoma, 1928What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Roy Johnson, M. D.(Address) Jefferson mo.

